



Health and Social Care Moray

Medication Management (For All Adult Services)

GUIDELINES

**Overall responsibility for the guidelines:
Health and Social Care Moray – Practice Governance Board**

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1.0 Introduction

These guidelines and the associated procedures contain information for managers, staff, Care Workers and service users about the safe handling of medicines in Health and Social Care.

The overall aim of these guidelines is to establish standards of work which protect the safety and wellbeing of service users and provides safeguards for staff. It and the associated procedure replace all previous policy and internal guidance documents relating to medicines in Services.

The Moray Integrated Joint Board (IJB) has agreed a joint system for providing medicines management assistance for people in their own home and/or a care setting.

The guidelines aims to provide guidance on the available levels of assistance and the roles and responsibilities of the health and social care staff who will be involved in assessing need and providing the appropriate level of care in relation to medication. ([Appendix One](#)).

The Moray IJB is committed to provide services that promote the rights and independence of people, where health and welfare needs are met safely in a dignified and confidential manner. Health and Social Care Moray is also committed to provide safe and healthy working practices for all employees.

The service adheres fully to the principles and standards contained within the National Care Standards.

The Moray IJB undertakes to review these guidelines and associated procedures two yearly or in response to any change in legislation, as per [Section 13.0](#).

2.0 Objectives

- To establish a safe and consistent service for service users and staff.
- To provide clear guidance and procedures on the management of medicines.
- To establish safe working practices for managers and care staff.
- To define the principles of good practice, which are to be applied to the handling and administration of all medicines.
- To provide clear guidance and procedures to managers and staff on the management of medicines.
- To ensure safe working practices in the ordering, storage, administration and disposal of all medicine.
- To promote consistency of practice across services ensuring the safety and protection of service users, managers and care staff.

3.0 Key Principles

- Wherever possible, service users, family and their Informal Carers should be encouraged and enabled to retain full (or partial) responsibility for medicines management. Where Informal Carers/family members are involved, their level of involvement and agreed responsibilities must be documented in the service user's support plan and in Medication Assessment Form ([Appendix One](#)). The outcome of the medication assessment will determine the responsibility for the medication management.
- Key family members/Informal Carers should be informed of the intended assistance and their co-operation agreed before support begins. Family members should be included in the assessment process and agreed assistance should be documented in the support plan.
- Accountability for the appropriateness of the level of assistance lies with the multi-disciplinary team initiating the care.
- Health Professionals remain responsible for recognising and reacting to any changes in health status of the service user and the safety of those caring for them.
- Each service user must have an assessment of their ability to manage their medicines and assistance should be tailored to meet their needs.

- Assistance with medicines must be carried out in the manner detailed within this document and must be agreed by the multidisciplinary team.
- A medication review (by a doctor or pharmacist) should be carried out concurrently with the assessment to reduce the likelihood of Level 3 Medicines Management being suggested.
- A record must be made of any changes to the service user's medication on the Medicines Administration Record Sheet (MAR SHEET).
- Level 3 assistance will only be provided with agreement and consent of the service user (if they have the capacity to agree) or their family/legal who have welfare attorney/ guardian.
- Only appropriately trained workers (formal qualification or on the job training by a formally trained person) who have undertaken training in medicines management and have been deemed competent by a formally trained person may provide level 3 assistance.
- Competency of care workers in relation to medicines management should be monitored on an ongoing basis by their line manager/formally trained person. Advice and support can be obtained from NHS pharmacist or community nurse.
- All staff should have a working knowledge of medicines management appropriate to their level of input.
- A worker can only give medication covertly if there is a Section 47 in place and must comply with the NHS Grampian Covert Medication policy (disguising medicines in food/drinks whereby the service user is unaware that they are being given medication) A copy of the section 47 and Covert Medication assessment must be retained in the service user's delivery plan).
- In no circumstances must a service user be forced to take medication against their wishes. Refusal to take medication must be recorded on the Medicines Administration Record Sheet (MAR SHEET).
- A worker MUST NOT carry out any invasive, clinical or nursing procedures (refer to **Section 7.5** for guidance).
- Workers are not expected to make judgements on medication where directions are not explicit e.g. 'take as required (PRN).' The MAR sheet should contain clear

instructions on administration of medication and clear directions MUST be available on the persons care plan.

4.0 Related Policies/Procedures/Legislation

The legal framework within which Moray Council's Community Care Division within the Community Services Department operates in respect of people aged 16 or over.

In the United Kingdom, any person can lawfully administer prescribed medication to another, this includes prescribed medication and controlled drugs as long as the administration is in accordance with the prescriber's directions.

Health and Social Care procedures adhere to all the relevant legislative requirements and takes into account good practice guidance.

In general, Moray Council may provide community care services to individual adults with needs arising from physical, sensory, learning or cognitive disabilities and impairments, or from mental health problems. Moray Council's responsibilities are set out in the following legislation:

- The Social Work (Scotland) Act 1968
- The NHS and Community Care Act 1990
- Community Care and Health (Scotland) Act 2002
- Chronically Sick and Disabled Persons Act 1970
- Disabled Persons (Service, Consultation and Representation) Act 1986
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Health and Social Services and Social Security Adjudication's Act 1983
- The Regulation of Care (Scotland) Act 2001
- Children (Scotland) Act 1995
- Data Protection Act 1998
- Freedom of Information (Scotland) Act 2002
- The Human Rights Act 1998 and Equality Legislation.
- Adults with Incapacity (Scotland) Act 2000
- Misuse of Drugs Act 1971

- Mental Welfare Commission, Covert Medication, Legal and Practical Guidance (2006)
- National Care Standards.
- Medicines Act 1968

Other Related Documents

- Royal Pharmaceutical Society – Good Practice Guidance
- Care Inspectorate - Prompting, assisting and administration of medication in a care setting: guidance for professionals
- NHS Grampian Covert Medicine Policy
- NHS Grampian Infection Control Policy and Procedure
- Adults with Incapacity Policy
- Moray Partners in Care Three Tier Policy
- Eligibility Criteria Policy
- Incidents Procedures
- Adult Support and Protection Procedure

5.0 Roles and Responsibilities

5.1 Service user

- The level of responsibility assumed by individual service users will depend on their ability to manage this aspect of their lives. Those who are able to assume a greater amount of control and independence will require less assistance, or even no assistance compared to people with reduced physical or cognitive abilities.
- The risk assessment ([Appendix One](#)) will identify the level of assistance required to support independent living. If assistance with medication is required then the service user must provide care staff with access to the prescription medicines and other information which should be detailed in the service user Plan to enable them to carry out the duties identified safely.

5.2 Unpaid Care Workers

- It would normally be expected that any unpaid carer would provide assistance with medication. Support may be given by care staff in accordance with these guidelines.

5.3 Paid Workers (Social Care Services and Independent Sector Care Workers)

- Follow the care plan and these guidelines.
- Follow the procedure contained in 'Guidance for use of Medicines Administration Record' (MAR SHEET) when administering medicines ([Appendix Two](#)).
- Report any incidents (refused doses or mistakes) to their line manager. If unable to contact the Line Manager seek health professional advice.

5.4 Practitioner/professional requesting Medicines Management

- Arranges for the risk assessment to be completed or it may be appropriate for the requesting practitioner/professional to carry out the risk assessment themselves.

5.5 Practitioner/professional carrying out the Risk Assessment

- Identifies the appropriate level of support and ensures this is recorded in the service users Support Plan.
- Obtains and records service user's consent ([Appendix Three](#)).
- Liaises with health professionals as appropriate to confirm medication requirements, special storage or administration details, etc.
- Ensures that a record of all medication, risk assessments, consent and support plan are completed.
- Holds responsibility for conducting reviews whenever there is a significant change in the service user's circumstances. When there are no changes a review **must** take place a minimum of once a year.
- Liaises with family members and other Informal Carers.
- Review MAR sheet regularly ([Appendix One](#)). This is a Risk Assessment.

5.6 Care Provider

- Ensures these guidelines are implemented within their services.
- Ensures service provided is monitored and reviewed.
- Incidents and near misses are recorded appropriately and used as a learning tool to improve the service.
- Feedback is provided on these guidelines to aid its evaluation and review.
- Training for care workers is provided.
- Records of staff training are kept.
- The agreed and documented level of assistance is provided to service users on a day-to-day basis by trained and competent staff.
- Monitor the accuracy of the MAR sheet information.
- Ensure changes to the MAR sheet are signed and dated by an appropriate health care professional making the changes.
- Monitor expired MAR sheet and store them appropriately.
- Establish links with prescribing health professionals to manage drug errors.

5.7 Service Managers and Corporate Responsibilities

- Manage issues that arise that cannot be resolved at team level.
- Maintains practices in line with national policies.

5.8 General Practitioners/ Health Care Specialists / Nursing Staff

- Review medicines – are all medicines still required and appropriate?
- Ensure quantities are for a **28 day supply**. Consider adding the reason for medicine to the directions e.g. one morning and bedtime for pain, one at night for cholesterol etc. NB: All “as required” medicines must state the frequency they can be administered and the indication in the directions.
- Ensure all instructions are clear and explicit – must state times to be administered i.e. morning, lunchtime, teatime, bedtime. The use of once daily, three times daily is **not** appropriate. Topical preparations e.g. creams/ointments/ eye drops must state where to be applied/ administered as well as frequency.

- If weekly administration, instructions should state day of week and time to be administered e.g. one to be taken weekly on Monday in the morning.
- Discuss with multidisciplinary team / Care Team Co-ordinator (CTC) the number of visits that workers make each day. Are the medicines prescribed to fit with the visits? Can they be changed?
- Highlight the service user is Medicines Management Level 3 by adding a 'level 3' into service user message. This will be printed on right hand side of prescription and act as a reminder to pharmacy.
- GP is required/should be requested to send GMED alert stating service user on Medicines Management Level 3.
- An entry should be made in the Key Information Summary (KIS) that the service user is receiving level 3 medicines management support
- Once a start date is agreed with the multidisciplinary team and the community pharmacist, prescriptions should be issued and sent to the community pharmacy.
- Contact the community pharmacist to inform them of any changes in treatment.
- Update the MAR sheet if changes are made to medication at a home visit. The MAR sheet will be found either in the shared care communication folder or kept with the medicines in a sealed labelled container. Labels on medicines will also require to be amended if doses are adjusted. If service users are given any medicines from "the doctor's bag" these medicines must be written onto the MAR sheet by the visiting GP with clear administration instructions.
- Be aware of the limitations of Care Workers, under these guidelines, to administer certain specialist medicines.
- Provide training as required to workers for specific methods of administration, for example eye drops.

5.9 Community Pharmacists

- Supply medication prescribed by GP's or suitably qualified health professionals.
- Ensure that service users/relatives receive appropriate information about any medicines supplied.
- Review service user's medication to ensure that it is minimised effectively.

- Be aware of the limitations of Care Workers, under these guidelines, to administer certain specialist medicines.
- Provide service users with a MAR sheet every month, or at every change in medication.

6.0 Assistance with Medicines

6.1 Overview

- An assessment ([Appendix One](#)) should be completed to determine the level of assistance with medicines that is required by the service user. All organisations involved in caring for the service user should share any relevant information in order to ensure an accurate assessment.
- It should be noted that a service user's need for assistance may vary with individual medications. Where this is the case the levels of assistance should be clearly documented on the assessment form. However, wherever possible, all medications should have the same level of assistance.
- The assessment can be carried out by the community nursing team, GP, community hospital nursing staff, Community Learning Disability Team (CLDT) Nurse, local authority staff (for example Social Worker, Care Organiser) or any appropriate member of the multidisciplinary team.
- The service user and the proposed level of assistance could be discussed at the multidisciplinary team meeting if appropriate. Once agreed all members of the multidisciplinary team should accept the outcomes of the assessment and responsibility for supporting its implementation. The minimum required here is a discussion between the GP, the local authority representative and any other relevant health and social care staff.
- The Medicines Management support will be reviewed at each service review. Re-assessment can be requested at any point by any member of the multidisciplinary team if there are concerns regarding the level of assistance being provided.

- Copies of the assessment, along with care and support plans should be provided to all parties providing to the service user. A copy of the assessment should be scanned into the service users GP records.

6.2 Capacity and Consent ([Appendix Three](#))

- It is the responsibility of the GP or prescribing practitioner to assess the service user's capacity to accept a prescription for medication. If the service user lacks the capacity to make this decision, the medication may still be prescribed if the prescriber believes it to be in the service user's best interests. This should be documented and a record held in the service user's home and with their support plan.
- Decisions about the administration of medication in the best interests of a service user who lacks capacity should involve the prescribing practitioner and relevant people such as other professionals such as care managers or social workers for example, family and care workers. (Refer to Adults with Incapacity (Scotland) Act 2000 for further information). For service users who are unable to give informed consent, if there is a legal Proxy who has power to consent to treatment they may do so. If no Legal Proxy is in place the agreement must complete and put in place a section 47 certificate (under Adults with Incapacity (Scotland) Act 2000). Certificate to be provided to appropriate service for their records.
- Written consent to allow the care and home workers to administer medication MUST be obtained either from the service user, family or their legal welfare attorney/ guardian. This can be obtained by the relevant people such as other professionals such as care managers or social workers for example, family and care workers.

7.0 Types of Support with Prescribed Medication

Three different levels of support have been identified:-

- [Level 1: No support with medication is required](#)
- [Level 2: Minimal support, service user has capacity and retains control](#)
- [Level 3: Worker administers and records medication](#)
- [Level 4: Assistance out with the remit of worker](#)

7.1 Level 1: No support with medication is required

Service user is fully independent and is able to manage own medicines and will retain control/ responsibility.

Knowledge and Skills

The worker will not be responsible for any tasks involving medication.

7.2 Level 2: Minimal support, service user retaining control

Service user directs Care Workers and takes responsibility for their medication, including ordering and collecting. Workers are permitted to:

- Prepare inhaler/spacer devices.
- Prepare compliance device for eye drops.
- Prompt or remind.
- Open containers as directed by service user

Knowledge and Skills

The worker must document any assistance given in the service users shared care document as appropriate at each visit.

The worker will highlight to their line manager if they have concerns regarding the failure to take medication or concerns regarding the diminishing ability of their service user. The line manager should alert the most appropriate profession in the

multidisciplinary team, preferably the individual who undertook the assessment. The professional should consider a review of the assessment.

7.3 Level 3: Worker Administers Medication

Service user lacks the capability or understanding regarding their medication so is unable to safely manage their medication alone. Administration is the formal process of the worker selecting and administering medication and recording what has been given following clear information on a MAR sheet (see [Appendix Two](#) which has guidance for care workers on MAR sheet). The service user is selecting which medicine is needed and its dose but needs physical assistance to prepare to take or use the medication. This level of intervention should be recorded in the support care plan in the person's home.

Workers are permitted to:

- Open containers.
- Pour liquid doses.
- Apply topical preparations e.g. cream or ointment or medication patches.
- Administer medication as per MAR sheet, for example oral medication, including controlled drugs and warfarin.
- Administer Eye Drops/ Ointment.
- Administer Ear Drops/ Ointment.
- Administer Nasal Drops/ Ointment.
- Administer Inhaled medications via inhaler device or nebuliser.
- Administer Oxygen.
- Use products for oral hygiene.
- Application of protective dressings on **intact** skin following personal hygiene.

Level 3 assistance must be agreed with the service user. Where they lack capacity then family (if they have the legal authority to make decisions on their behalf) or legal welfare attorney/guardian should agree and sign consent should be obtained ([see Section 6.2](#)).

A worker **must not** undertake level 3 medicine management tasks until they have undertaken medicines management training or been deemed competent by a formally trained person. A worker may not undertake any medicines management task unless approved to do so for each individual service user.

All medicines to be administered must be document on the MAR sheet.

Level 3 medicines management will only be initiated if the arrangements are in place for a community pharmacist to prepare and maintain a MAR sheet listing all medications. Only medications listed on the MAR sheet can be administered by the worker.

All medicines to be administered must be prescribed by an authorised prescriber, dispensed in the original packs and labelled by the dispensing pharmacy with clear and specific instructions for administration in conjunction with MAR sheet.

Knowledge and Skills

Any discrepancies should be reported to the line manager immediately who will refer the issue to the most appropriate health professional.

Workers who require any additional training to undertake tasks identified as essential for specific individuals, should be done on an individual service user basis and shared in their plan. These tasks require to be within the boundaries of the professional role.

The health care professional/line manager is accountable for the appropriateness of this delegation. (See [Appendix Six](#) for protocol).

7.4 Level 4: Assistance out with the remit of worker

This assistance is beyond the knowledge and skills of the worker and requires input from persons with greater medical knowledge and skills. This may include for example; insulin administration and monitoring.

7.5 Tasks which are NOT permitted by workers

- Administration of any medication not on the MAR sheet.
- Performing and interpreting diagnostic tests (e.g. Blood Glucose monitoring).
Care at Home workers are NOT permitted to perform or interpret any diagnostic tests. All other services may carry out this task when directed by the Care Plan and only in exceptional circumstances supported by a Risk Assessment and appropriate training.
- Removing medications from their original dispensing packaging into any compliance aid device/ dosette box.
- Leaving out medication for self-administration at a later time. (Some arrangements may exist for night sedation, these should be individually documented and a risk assessment completed by the assessor for the service user).
- Administration of any medication that has been decanted from its original packaging.
- Administration of any medication requiring invasive procedure (e.g. injections, syringe driver, enemas, pessaries and suppositories). Care at Home workers are NOT permitted to perform any invasive procedures. All other services may carry out this task when directed by the Care Plan and only in exceptional circumstances supported by a Risk Assessment and appropriate training.
- Insertion and removal of catheters/installation of catheter washouts.
- Wound management.
- Care at Home workers are NOT permitted to perform any medicines administration via PEG tubes. All other services may carry out this task when directed by the Care Plan/MAR sheet and only in exceptional circumstances supported by a Risk Assessment and appropriate training.
- Crushing or splitting tablets unless specified on the MAR sheet or label by the prescriber.
- Amending doses or MAR sheet at the request of the service user or family.

- If a carer suspects that the service user is under the influence of alcohol, they should seek advice from an appropriate health care professional (see [Section 7.6](#))

7.6 Alcohol

Health professionals will provide written details to be followed for individuals who have an alcohol dependency and how their medication is to be dispensed.

8.0 Supply, Storage and Disposal of Medicines

8.1 Collecting Prescriptions

It is essential that when assistance with medication is being arranged it is established who will take responsibility for ordering and collecting/ delivering medication for the service user. Wherever possible the service user and their family or pharmacy should retain this responsibility.

Many pharmacies will order medication on behalf of service users and pharmacies will deliver medication to the service users who are unable to leave their homes or cannot manage to get to a pharmacy. CMS (Chronic Medication System) should be considered.

Level 2

The service user, their family member/ informal carer or community pharmacy should deal with the ordering of medication, collection of prescriptions from the GP surgery and collection of the medication from the pharmacy.

Ordering, collecting of prescriptions or collection may only be undertaken by a worker in exceptional circumstances and only after agreement from the workers line manager and recorded in [Appendix Three - Medication Management – Consent for the Provision of Assistance for Medication Management \(Level 3\)](#).

Level 3

The service user's community pharmacist can be requested to deal with the ordering of regular medication, collection of prescriptions from the GP surgery and delivery of medication. This can be undertaken by the worker in exceptional circumstance but only after documented agreement with the workers line manager.

It is essential that there are clear systems for communication between hospital; care services, GP's and pharmacists to ensure that any change in prescriptions following hospital discharge are initiated.

Returning medications that are no longer required is permitted but only in exceptional circumstances. This task may only be undertaken after agreement from the workers line manager.

8.2 Storage of Medication

- Medicines should be kept in a cool place out of the reach of children.
- They should be stored safely so they cannot be taken inappropriately by the service user or any visitors, particularly children.
- Medicines should be kept in the containers in which they were dispensed' and must not be decanted into any other containers.
- Topical medication e.g. creams, eye drops, should be stored in a separate container from oral medication.
- Medicines which require to be stored in the fridge should be place in a labelled plastic box and kept separate from food.
- It is the responsibility of the service user/family to provide suitable storage boxes.
- A risk assessment should be undertaken to identify if medication requires to be stored in a locked box. Service user to provide a locked box.

8.3 Disposal of Medicines

Disposal of single doses of oral medication i.e. tablets, administered at a patients home will not need to be consigned and disposed of at a suitably licenced facility. The single dose of oral medication can be disposed of at the patients property i.e. the single dose should be flushed down the toilet or into a sink drain with running cold water. Controlled drugs i.e. morphine or tramadol, need to be disposed of using the Disposal of Medicines form in **Appendix Four**. Action taken should be recorded on the MAR sheet, Medication Error Reporting Form and communication record. The person who records must report to the appropriate duty officer/line manager.

If more than a single dose of oral medication or all other types needs to be disposed of, there needs to be a review of why more than one dose has to be discarded. This quantity has to be disposed of by returning to the dispensing pharmacy using the Disposal of Medicines form in **Appendix Four**. Action taken should be recorded on the MAR sheet, Medication Error Reporting Form and communication record. The person who records must reported to the appropriate duty officer/line manager.

This does not negate current local arrangements with disposal of medication with local pharmacies.

9.0 Documentation – MAR Sheets (Appendix Two)

- A Medication Administration Record Sheet (MAR sheet) will be kept in the service user's home with the service user Plan when level 3 assistance is being given. This will list all the medication prescribed for the service user.
- Only an appropriate health care professional, e.g. Pharmacist, GP, etc. may provide the MAR sheet and only an appropriate healthcare professional, e.g., pharmacist, GP, Prescribing Nurse should make any changes to it.
- MAR sheet must be pre-printed by the Community Pharmacist at the time of dispensing and contain the medication name, strength, form, dose units to be administered, time of administration and any other relevant information (this should be the same information as on the medication label).

- A MAR sheet should be issued with every new box. If new medications are added mid-cycle then a new MAR sheet should be completed. If this is not done then the worker should refer to their line manager who will contact the appropriate health care professional.
- Discontinued items can be scored off the MAR sheet by an appropriate healthcare professional. Workers cannot work under the instruction of the service user or family/informal carer. If there is a discrepancy and the MAR sheet has not been amended then the worker should withhold the next dose and contact the dispensing pharmacy/NHS24 to seek clarification.
- Workers are required to initial when they administer any medication.
- Care Workers must not record assistance with medicines administered by others.
- A service user must never be forced to take medication. If a medicine is refused then it must be recorded appropriately. This should be escalated to the line manager who will discuss this with an appropriate healthcare professional.
- If the medication cannot be administered for any reason the worker must document this. If this occurs more than once then this should be reported to workers line manager.
- Any issues encountered by the worker with regard to medications management should be referred to their line manager who will escalate to the most appropriate healthcare professional.

9.1 Mistakes and incidents

If an incident occurs regarding medication, care staff must immediately report this to their Line Manager. This also applies to errors that staff identify, but have not made themselves e.g. errors made by prescribers, pharmacists and other care staff. If unable to contact the manager, the care staff should not delay seeking medical advice.

The manager is responsible for:-

- Seeking advice from the GP or appropriate health professional immediately e.g. Out of Hours service NHS 24.

- Ensuring the details of the error is entered in the service user records, and on the MAR sheet if appropriate.
- Ensuring a note is made of any changes or deterioration in the service user's health or behaviour.
- Ensuring the error is recorded on [Missed Medication Reporting Form \(Appendix Eight\)](#) and [The Moray Council incident reporting system](#).
- Consider any need for a [Care inspectorate notification](#) or [ASP referral](#).
- Reporting any incident involving a controlled drug to the care inspectorate/ police.
- Arranging appropriate support and training to care staff when a medication error is made.

10.0 Transfer and Transitions Arrangements

People who receive social care may need to transfer to another care setting. This may be a permanent move but can also be a short-term solution to an issue.

10.1 Transferring to a healthcare setting

It is essential that the service user's medication is sent with them. Provide a copy of their MAR sheet. You should also record the following information:

- Date of transfer.
- Name and strength of medicine.
- Quantity.
- Signature of the member of staff who arranges the transfer of the medicines.

For social visits the service user or informal carer must assume responsibility for the transport of the medicines and the return of all containers.

10.2 Home from Hospital transfers

- When a service user leaves hospital, even following a short stay, it is likely that changes will have been made to their medicines.

- Service users being discharged from Hospitals in Moray should have a co-ordinated discharge process with a new MAR sheet being produced and supplied along with the medication.
- An Immediate Discharge Letter, which has been completed by the Hospital Medical Team can be used until a MAR sheet is provided by the community pharmacy. This documentation is valid for 72hrs only.
- If no patient discharge information is available, the GP practice or the out of hours medical service must be contacted by the workers line manager in order to arrange for the completion of a MAR sheet.
- Hospitals should discharge service users with sufficient medication, this is particularly important for Friday, weekend and bank holiday discharges.

10.3 Short term/ Emergency Prescription

- Workers must not administer medication unless it is listed on service user's MAR sheet.
- When medication is prescribed it is the responsibility of a healthcare professional to complete the prescription details on the MAR sheet.
- Workers must complete the section on the chart to record administration of medicines documented on the MAR sheet.

10.4 Transferring to a Day Service Setting or between Services (Public Transport Unit (PTU))

- Where possible avoid medication administration during attendance at the appropriate day service. A medication review may be required. Where this is not appropriate, a local arrangement needs to be agreed between all relevant parties.
- The original MAR sheet must be provided.
- Only upon leaving the service or home setting the medication should be signed out using appropriate documentation and should be signed for upon arrival to the

service or home setting using the appropriate documentation. When using PTU transport a locked box should be provided.

11.0 Medicines with Special Instructions

11.1 Warfarin

- All service users taking Warfarin should have an “Oral Anticoagulant Therapy Pack”, commonly known as the Yellow Book. The INR results should be recorded in the Yellow Book. Care staff must check the yellow book to ascertain the dose of warfarin to be given each day.
- Verbal messages should not be taken.
- When the result is available straight away following a blood test in the service users home, the yellow book must be updated with the dose to be given by a health care professional. The health professional should fill in the dosage, and sign the book, with name. The care staff may then administer from this dosage.
- If the yellow book or dosing schedule is not available, care staff must not administer until the correct dose has been clarified and written in the yellow book. The care staff or manager must contact the GP urgently if the dose is not available in the yellow book.

The intervals of INR tests might vary between a few days to a maximum of 8 weeks. When the new dose is confirmed, the next blood test date should be recorded in the yellow book, so that a check may be made by the care staff that this has been completed.

See [Appendix Seven](#) for Specific Medicine Formulation Information

12.0 Medication Management Training

Prior to providing input to service users in relation to medicines, workers must attend medicines management training and/or on the job training.

The training should include:

- Assessment of a service users need for assistance with medicines management.
- Levels and tasks which may or may not be undertaken.
- Documentation.
- Storage and disposal of medicines.
- Roles and responsibilities.
- Medication administration.
- Risk factors for medication administration.
- Awareness of possible adverse effects of medication.

13.0 Review and Feedback

These Guidelines will be reviewed two yearly. Feedback and comments can be sent to the Commissioning and Performance Officer.

Appendix One - Medication Risk Assessment Form

Service user Name		CareFirst Number	
Address		Date of Birth	

Key Points

- The aim should be to promote independence with medicines wherever possible.
- Informal Carers should be encouraged to help if able. If substantial help is given by Informal Carers, their contact details should be available and arrangements agreed for unexpected situations e.g. carer illness.

POSSIBLE RISK		IF NO	OUTCOME/actions taken
Is the service user able to order and collect prescriptions if needed?	Yes/ No	<ul style="list-style-type: none"> • Can family /Informal Carers collect? • Does community pharmacy deliver? • Consider level 1 support if no other option 	
Can service user provide a list of their medicines? Do they know where all medicines are stored in the home?	Yes/ No	<ul style="list-style-type: none"> • Contact GP if unable to establish what service user should be taking • Can Informal Carers tell you where medicines are kept? 	
If able to assess, do medicines appear to be stored appropriately?	Yes/ No	<ul style="list-style-type: none"> • Advise • Seek advice from community pharmacist if necessary 	
Do quantities of medicine in the house appear to be appropriate?	Yes/ No	<ul style="list-style-type: none"> • Advise service user or Informal Carers to return unwanted medicines to the pharmacy • Advise service user to contact GP surgery if large amounts of waste medicines –so repeat prescription can be checked. 	<i>Note: medicines are the property of the service user. Disposal should only be arranged by SU themselves or Informal Carers.</i>
Does service user know and understand what medicines they should be taking?	Yes/ No	<ul style="list-style-type: none"> • Advise service user /carer to contact GP surgery or community pharmacist • (Simplification of regime, explanation and/or issue of reminder chart may help) • If unable to cope with regime after advice, consider level 3 support 	
Is service user aware of date, day, time?	Yes/ No	<ul style="list-style-type: none"> • Is help available from Informal Carers?/aids • Consider safety / storage issues • Consider level 3 support • Inform all relevant parties if storage out of service user's reach is planned. 	<i>If level 3 support is being considered, liaise with GP or community nurse</i>
Does the service user always <i>want</i> to take	Yes/ No	<ul style="list-style-type: none"> • Explore reasons – Encourage service user to discuss with GP, or 	<i>It is the service user's right to refuse treatment, but this should be</i>

POSSIBLE RISK		IF NO	OUTCOME/actions taken
their medication?		Community Nurse. (or assessor to liaise on service user's behalf as appropriate) <ul style="list-style-type: none"> Inform GP or Community Nurse if service user considered to be at risk. 	<i>based on an informed choice as far as possible.</i>
Does the service user usually remember to take his/her medication at the right time?	Yes/ No	<ul style="list-style-type: none"> Can Informal Carers help? Can community pharmacist offer reminder chart? Seek advice from pharmacist/GP, community nurse 	
Can service user read the labels on medicines?	Yes/ No	<ul style="list-style-type: none"> Can an informal carer help? Seek advice from community pharmacist – may be able to produce larger print labels or consider alternative packaging Consider level 1 support if no other options 	
Can service user remove tabs/caps from the container him/ herself?	Yes/ No	<ul style="list-style-type: none"> Can an informal carer help? Can community pharmacist supply alternative packaging, or aids to open? Consider level 2 or 3 support 	
Is the service user able to swallow their tablets / capsules?	Yes/ No	<ul style="list-style-type: none"> Can community pharmacist advise alternative options? Seek advice from GP Seek advice from SALT 	<i>Refer to GP / Community Nurse if swallowing problems give rise to concern.</i>
Can service user pick up a bottle and pour out a dose of liquid medicine accurately?	Yes/ No	<ul style="list-style-type: none"> Can an informal carer help? Can community pharmacist supply a device to assist? Consider level 2 or level 3 support if no other option 	
If applicable, does service user describe any problems using inhalers?	Yes/ No	<ul style="list-style-type: none"> Seek advice from community nurse or pharmacist Consider level 2 support if physically unable to manage, even with device to assist 	
If applicable, does the service user describe any problems instilling eye drops?	Yes/ No	<ul style="list-style-type: none"> Can an informal carer help? Can community pharmacist advise on a device to assist service user? Request assistance as a 'Specialist task' if unable to manage even with assistive device 	

Outcome of Assessment

Outcome	Details of the assessed level of support required
LEVEL 1 No formal support required. Unpaid carer can assist.	
Service user needs help ordering, reading the labels, reminders on safe storage, occasional verbal reminder to take tablets.	
LEVEL 2 Service user is responsible and able to manage their own medication but need reminding or prompting to take their own medication.	
LEVEL 3 Service user unable to take responsibility for their medicines. Tasks from direct administration of medicines are required and will include ordering or collecting prescriptions. <i>Note: involve GP or community nurse before proceeding with Level 3 arrangements.</i>	

Name of Assessor (print)			
Contact details of Assessor			
Signature		Date	

Statement of service user/Agreed representative			
I confirm that I have given all necessary information to support the planning of any help with my medicines.			
I agree to the support being offered			
Signed (service user)		Date	

Representatives name			
Relationship to service user		Date	

Review of Medication	Date	
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Appendix Two - Guidance for the Use of the Medicines Administration record (MAR) Sheet for Care Workers who provide Level 3 Support with Medicines

Care Workers should only carry out this service if you have received training and been assessed as competent by Moray Council.

Only use a MAR sheet that has had the medication details added by a responsible professional (this may be a pharmacist, or other responsible person of a health care professional, a doctor or nurse).

The MAR sheet should not be used as the only source of information. It is essentially a record of what SHOULD be given and what HAS been given. Care Workers should check the dispensing labels in addition to ascertain the correct information.

NEVER tamper with the instructions on the MAR sheet.

Check that:

- The instructions, give all the information and do not say “As directed”
- Dosage timings are clearly indicated on the chart,
- Clear instructions are included for “when required” doses (e.g. maximum number of doses per day and minimum time between doses, and under what circumstances the medication should be given.)

All assistance with medication must be recorded **at the time it is provided**

Contact the responsible professional who has provided the chart with any queries regarding the instructions on the chart.

Contact your manager if you have any concerns or problems.

Check the date on the front of the chart to make sure that it's in current use, and that it is the only MAR sheet in use.

Administer the medicines shown on the MAR sheet, using the steps below for **EACH MEDICINE, ONE BY ONE: Remember the 5 R**

Right Service user
Right Drug/Medicine
Right Time
Right Dose
Right Route

1. The Care Worker should check the strength and directions of the medication required from the fully labelled medicine container and make sure the name on the medication container and service user's name match. **If there is a discrepancy do not administer medication, record and inform your manager.**
2. Check the record and make sure the medication has not already been given
3. Wash your hands

4. Select the medication required and confirm that it is still current by checking the date on the dispensing label.
5. Check that the name of the service-user, the name of the medicine and the instructions on the bottle/box are the same as those on the MAR sheet- **IF NOT DO NOT GIVE IT.**
6. Check whether the medicine is to be given by mouth or by another route (e.g. to be inhaled, applied to the skin, etc)
7. If oral, ensure the service user is standing or sitting as upright as possible, and has a glass of water available.
8. Give the medicine to the service-user with a drink of water.
9. If applying a cream or medicated patch, or administering a hazardous medicine for a service user, ensure you are wearing appropriate disposable gloves.
10. Enter your initials **clearly** on the correct date and time to show you have seen the service-user take the medicine.
11. If the dose is variable (e.g. one or two tablets to be taken) record the **actual amount given** and initial.
12. If the medication is **NOT GIVEN** enter the appropriate code in the correct box and enter the reason in the service-user's care record. Report repeated refusal to your manager.

ALWAYS contact your manager should a new medicine appear that is not accounted for anywhere on the chart. Always bring any concerns to the notice of your manager. If you make, or detect a mistake, or have any urgent concerns, immediately notify your manager. If your manager is unavailable call the doctor for advice.

**IN AN EMERGENCY CONTACT THE SERVICE-USER'S DOCTOR
or APPROPRIATE EMERGENCY SERVICE.**

Sample Medication Administration Record
MEDICATION ADMINISTRATION RECORD

CLIENT: MICKEY MOUSE		DOB: 00/00/00		The Pharmacy		GP Surgery: Any/surgery		Allergies: Nil Known																									
1 Mart Street, Anytown																																	
Date sheet produced: 27/8/12																																	
MEDICINES																																	
LEVOTHYROXINE 50 microgram Tablets ONE TO BE TAKEN IN THE MORNING																																	
Break fast Lunch Evening Meal Bedtime																																	
DATE	TIME	Dose	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28			
	Break fast	ONE	DG	DG	DG																												
Quantity received: 28 BENDROFLUMETHIAZIDE 2.5 mg Tablets ONE TO BE TAKEN IN THE MORNING																																	
Break fast Lunch Evening Meal Bedtime																																	
	Break fast	ONE	DG	DG	DG																												
Quantity received: 28 PARACETAMOL 500 mg Tablets TWO TO BE TAKEN BREAKFAST, LUNCH, TEATIME & BEDTIME Contains paracetamol, no more than 2 at anytime. No more than 8 in 24 hours																																	
Break fast Lunch Evening Meal Bedtime																																	
	Break fast	TWO	DG	DG	DG																												
	Lunch	TWO	DG	DG																													
	Evening Meal	TWO	DG																														
	Bedtime	TWO	DG	DG	DG																												
Quantity received: 28 MIRTAZAPINE 30mg Tablets ONE TO BE TAKEN AT NIGHT Warning: this medicine may make you sleepy. If this happens do not drive or use tools or machines. Do not drink alcohol. Swallow whole do not crush or chew.																																	
Break fast Lunch Evening Meal Bedtime																																	
	Break fast	ONE	DG	DG	DG																												
Quantity received: 28																																	

Medicine Management Guidelines for Care at Home

Appendix Three - Medication Management - Consent for the Provision of Assistance for Medication Management (Level 3)

Name:		Date of Birth:	
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Address:	
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I give my permission for _____ to undertake the management of my medication in accordance with my care plan.	
Signed	
Date	
Nominated Pharmacy	

Who will order the medication?	
Who will collect the medication?	

Consider using the CMS system

<p>For service users who are unable to give informed consent, if there is a legal Proxy who has power to consent to treatment they may sign. if no Legal Proxy is in place the G.P must complete and put in place a section 47 certificate</p> <p>I give my permission for the Service to undertake the management of medication for _____ in accordance with the care plan.</p> <p>Signed Proxy _____</p> <p>Relationship to service user _____</p> <p>Date _____</p>
--

Appendix Four - MEDICINES DISPOSAL FORM

I give my permission for the following medicines to be removed from my home by

_____ my Care Worker, for safe disposal by the local pharmacist.

Name of Drug	Quantity (approximate) <i>(Pharmacist to check quantity of CD.s and initial)</i>

Name and Address of service user:	
--	--

Signature of service user/ Representative	
Date	

FOR PHARMACY USE ONLY

I,		(Pharmacist) confirm the above drugs have been handed in for disposal.
Signed		
Pharmacy		
Date		

Appendix Five - GLOSSARY OF DEFINITIONS

The following terms are used throughout this document in relation to medication preparation management.

Term	Definition
“Over the counter” Medications/ Non Prescribed medication	Medications purchased at the shop or Pharmacy, without a prescription
Administration	Giving an individual dose of a medicinal product to a service user via direct contact (e.g., orally, by injection) or by indirect contact (e.g., application of a medicated dressing) and ensuring the completion of this activity.
Buccal Formulations	Buccal administration refers to a topical route of administration by which drugs held or applied in the buccal (/ˈbʌkəl/) area (in the cheek) diffuse through the oral mucosa (tissues which line the mouth) and enter directly into the bloodstream.
Competence	The ability of the professional to practise safely and effectively fulfilling her/his professional responsibility within her/his scope of practice
Controlled Drugs	Medications regulated by the Misuse of Drugs Act 1971 e.g. Methadone
Covert Administration	Covert administration of medicines involves the administration of a medicine disguised in food or drink to a service user who resists it when given openly. This should only be done when appropriate procedures are in place.
Cytotoxic Medicines	Cytotoxic medicines are used to kill or damage abnormal cells (e.g. cancer cells) and there are many different kinds with many different uses
Ear Preparations/ Drops	Ear drops are a form of medicine used to treat or prevent ear infections, especially infections of the outer ear and ear canal (otitis externa). Bacterial infections are sometimes treated with antibiotics.
External use	Application to the skin, hair, teeth, mucosa of the mouth, throat, nose, ear, eye, vagina, or anal canal when a local action is intended and extensive systemic absorption is unlikely to occur (shall not include transdermal delivery systems, throat sprays, throat pastilles, throat lozenges, throat tablets, nasal drops, nasal sprays, nasal inhalations, or teething products)
Eye Preparations / Drops / Ointments	Steroid and antibiotic eye drops. Steroid and antibiotic eye drops are used to treat eye infections. They also have prophylactic properties and are used to prevent infections after eye surgeries.
Handling Medication	Transporting, storing or handing over Medication
Independent Sector Care Worker	Workers not employed by The Moray Council directly, to include Shared Lives Care Workers
Liquid Oral Dose Formulations	Liquid preparations for oral use are usually solutions, emulsions or suspensions containing one or more active ingredients in a suitable vehicle; they may in some cases consist simply of a liquid active ingredient used as such. Liquid preparations for oral use are either

Term	Definition
	supplied in the finished form or, with the exception of Oral emulsions, may also be prepared just before issue for use by dissolving or dispersing granules or powder in the vehicle stated on the label. Liquid preparations for oral use may contain suitable antimicrobial preservatives, antioxidants and other excipients such as dispersing, suspending, thickening, emulsifying, buffering, wetting, solubilizing, stabilizing, flavouring and sweetening agents and authorized colouring matter. Liquid preparations for oral use may be supplied as multidose or as single-dose preparations.
Medication error	Any preventable event that may cause or lead to inappropriate medication use or service user harm. These events may be associated with professional practice, health care products, procedures and systems. This includes prescribing; order communication; product labelling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring and use.
Medication Management	The facilitation of safe and effective use of prescription and over-the-counter medicinal products. It is a comprehensive intervention which encompasses the health professionals' knowledge and the activities that are performed to assist the service user in achieving the greatest benefit and best outcomes involving medications. Responsibilities of medication management incorporate the assessment, planning, implementation and evaluation of the process in collaboration with other health care professionals in providing care.
Medicines Administration Record Sheet (MAR sheet)	A Medication Administration Record or MAR is the report that serves as a legal record of the drugs administered to a patient at a facility by a health care professional. The MAR is a part of a patient's permanent record on their medical chart
Moray Integrated Joint Board	<p>In Moray the partnership of health and social care is governed by the Moray Integration Joint Board (IJB).</p> <p>The board had been operating in shadow form since April 2015 and took up its full powers on 1st April 2016</p> <p>Membership comprises six voting members - three elected members of The Moray Council and three representatives of the NHS Board - supported by advisors from the council, NHS, third sector and the community.</p> <p>The IJB has responsibility for the planning, delivery and resources for health and social care services as delegated by the NHS Board and Local Authority.</p> <p>It has a Chief Officer who is accountable to the MIJB, Chief Executive of NHS Grampian and the Chief Executive of The Moray Council.</p>
multi-disciplinary team (MDT)	Multidisciplinary teams consist of staff from several different professional backgrounds who have different areas of expertise. These teams are able to respond to clients who require the help of more than one kind of professional. Multidisciplinary teams are often discussed in the same context as joint working, interagency work and partnership working.
Nasal Drops	Corticosteroid nasal sprays can be used to relieve the symptoms of

Term	Definition
	sinusitis, hay fever, allergic rhinitis and non-allergic (perennial) rhinitis. They can reduce inflammation and histamine production in the nasal passages, and have been shown to relieve nasal congestion, runny nose, itchy nose and sneezing.
Prescribe	To authorise in writing the dispensing, supply and administration of a named medicinal product (typically a prescription-only medicine, but may include over-the-counter medications) for a specific service user.
Prescribed Medication	Medication obtained on prescription issued by a Health Care Professional
Prescription	An instruction issued by a registered practitioner for the medical treatment of an individual.
Prompting Medication	Reminding a service user to take their prescribed medicines
Section 47	Under Section 47 a doctor or other authorised healthcare professional examines the person and issues a certificate of incapacity. It is required by law and it provides evidence that the treatment complies with the principles of the Adults with Incapacity Act .
Sublingual Formulations	Sublingual (abbreviated SL), from the Latin for "under the tongue", refers to the pharmacological route of administration by which substances diffuse into the blood through tissues under the tongue.
support plan	A care plan (sometimes called a care and support plan, or support plan if you're a care worker) sets out how your care and support needs will be met.
Topical Medications	Medicines usually applied to the external areas of the body (including ear passages), e.g. Plasters impregnated with medicine, creams, eye drops and ear drops
Topical Preparations/ Formulations	A topical medication is a medication that is applied to a particular place on or in the body, as opposed to systemically. Most often this means application to body surfaces such as the skin or mucous membranes to treat ailments via a large range of classes including creams, foams, gels, lotions, and ointments.
Warfarin	Warfarin is the main oral anticoagulant used in the UK. Oral means it's taken by mouth. An anticoagulant is a medicine that stops blood clotting. Clotting (thickening) is a complex process involving a number of substances called clotting factors. Clotting factors are produced by the liver and help control bleeding. They work with cells that trigger the clotting process (platelets) to ensure blood clots effectively. To produce some of the clotting factors, the liver needs a good supply of vitamin K. Warfarin blocks one of the enzymes (proteins) that uses vitamin K to produce clotting factors. This disrupts the clotting process, making it take longer for the blood to clot.
Yellow Book	All service users taking Warfarin should have an "Oral Anticoagulant Therapy Pack", commonly known as the Yellow Book.

Appendix Six - Protocol for Level 3 Medicines Management

1. Ensure a Clean & Safe Environment to work in:
 - a) Wash hands.
 - b) Ensure the surface that you will be working at is clear and clean.

2. Check:
 - a) The identity of the person.
 - b) That the person is well enough to take their medicines.
 - c) The MAR sheet to ensure that the medicines have not already been given by someone else.

3. Prepare
 - a) Ensure that the person is sitting upright.
 - b) Open up the box containing the medicines and have MAR sheet to hand.
 - c) Ensure a plastic container/ saucer available to pop medicines out on to.
 - d) Ensure a glass of water available.

4. Right Drug, Right Dose, Right Time, Right Route
 - a) Start with the first drug on the MAR sheet.
 - b) Confirm if this drug needs to be given at this time of day according to the directions on the MAR sheet.
 - c) If it does, select the correct box of medication.
 - d) Confirm that the drug & strength is the same as the item listed on the MAR sheet.
 - e) Ensure that the medicine is within its expiry date.
 - f) Check that the medicine is one that needs to be swallowed (taken orally.) If it is not, leave until the end and come back to it.
 - g) Select blister strips that have already had tablets popped out rather than a new one whenever possible.
 - h) Pop out the required number of tablets/ capsules or measure out the required volume of liquid.

- i) First initial the MAR sheet box that you will be required to sign after administration for that particular drug.
 - j) Repeat process a) – h) for all other oral medication.
5. Administer medication to the service user
 - a) Encourage them to take one tablet at a time (to reduce choking).
 - b) Encourage them to take sufficient water to get the tablet(s) over.
 - c) Watch them to ensure they take the tablet(s).
 - d) Encourage them to take any liquid medication.
 - e) Do not allow medication to be 'taken later' – it is not safe to have medication left lying.
 6. Record on the MAR sheet that the person has taken their medication (by adding second initial) or that they have not taken their medication (initial and circle and record in additional information sheet reasons for not taking/ refusing medicine).
 7. Administer any Non-Oral medication e.g. inhalers, creams and record as detailed above.
 8. Wash hands.
 9. Check that there is sufficient medication for the next week. Place an order for required medication if not on CMS as per instruction in care plan, and then place all medication back in the medicine box. Do not place empty strips back in the box.
 10. Report to Line Manager if:
 - a) The service user refused to take any regular medication.
 - b) Had any problems swallowing their medication.
 - c) There has been a mistake regarding the administration of any medication.
 11. Place the MAR sheet back in the folder.

Appendix Seven - Specific Medicine Formulation Information

Liquid Oral Dose Formulations – e.g. solutions, mixtures, suspensions. Only one liquid bottle should be open at any one time. Liquid medicines should not be mixed nor should they be added to water unless the administration instructions specify this.

- Shake the bottle.
- Measure the correct dose using either the 5ml spoon, measuring cup or oral dose syringe provided. The bottle should be held with the label uppermost during pouring to prevent any drips marking the label.
- Offer the medicine to the service user.
- When using an oral dose syringe release the liquid onto the middle of the cheek. Do not 'squirt' liquid into the back to the throat.
- Clean the neck of the bottle with a clean damp tissue before replacing the cap.

Soluble/Dispersible Oral Formulations e.g. soluble tablets/sachets

- Measure the dose from its original container.
- Place in a third of a tumbler of cold water and allow to dissolve.
- Swirl the solution gently in the glass to ensure adequate mixing.
- Hand to the service user to drink and offer a drink after the dose has been taken.

Sublingual Formulations

- Place the tablet under the tongue and leave to dissolve.

Buccal Formulations

- Place the tablet high up between the upper lip and the gum on one side of the front teeth and leave to dissolve.

Topical Preparations & Eye, Ear, Nose Preparations

NOTE: When approval has been given for the Care Worker to administer these preparations they must be given a practical demonstration of administration techniques by a Community Nurse.

Topical (External) Formulations

- Use only as often as instructed. There is a significant difference between emollients (used over the body) and therapeutic creams (that are used for specific areas). All instructions must be understood prior to administration. Seek advice from Line Manager of appropriate Health Care Professional if required.
- Apply only to the areas of the skin for which it has been prescribed.
- Use the smallest quantity that will easily rub into the skin.
- Use only for as long as instructed and return partly used tubes to the Community Pharmacy for safe disposal at the end of the treatment period.
- Prescribed should be recorded on the MAR sheet. If the emollient is self-bought, this does not have to be recorded on the MAR sheet, however, guidance must be sought from your line manager.

Application of External Preparations

- Wear disposable gloves.
- Transfer the quantity required onto a piece of sterile gauze or clean tissue and seal the tube.
- Apply to the affected area.
- If steroid creams/ointments are being applied, a minimum quantity should be used dependent upon the affected area
- Emollient preparations should be liberally applied to the affected area/s
- Gently rub into the skin (the service user may be able to complete this task for themselves).
- Dispose of the gauze/tissue and gloves by sealing in a polythene bag and placing in a general waste container.

Eye Preparations

- Write date of opening on the bottle.
- Return to the nominated pharmacy for disposal 28 days after opening.

Eye Drops

- Tilt the head back and gently pull down the lower lid asking the service user to look up.
- Bring the dropper close to the eye but not touching.

- Gently squeeze the dropper allowing the prescribed number of drops to be placed inside the lower lid.
- Ask the service user to close the eye and then blot away any excess solution with clean tissue.
- Replace the cap on the container immediately after use.

Eye Ointments

- Tilt the head back and gently pull down the lower lid asking the service user to look up.
- Gently apply about half an inch of ointment inside the inner surface of the lower lid of the eye.
- Ask the service user to close the eye and then blink several times.
- Replace the cap on the container immediately after use.

Ear Preparations

- Tilt the head to the opposite side to the ear to be treated.
- Place the prescribed number of drops into the ear.
- Keep the head tilted for several minutes.

Nasal Drops

- Ask the service user to blow their nose if necessary.
- Tilt the head back or ask the service user to lie down.
- Ask the service user to breathe through their mouth and place the prescribed number of drops into the nose.
- Ask the service user to keep the head tilted back or to remain lying down for a few minutes.
- The service user may complain that they can taste the drops but this is normal and no cause for concern.

Appendix Eight – Medication Error Reporting Form

This form is to be read in conjunction with Medication Guidelines. This should be completed in conjunction with internal incident reporting procedures.

Medication Error or Near Miss Report & Action Form Health and Social Care Moray
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Date Incident Reported			
Date/ Time Incident Occurred			
Incident Location			
Service User Details			
Service User Address			
Care Worker Name			
Care Worker Team			
Indicate at which stage of the process the incident occurred			
Prescribing	Ordering	Pharmacy Dispensing	
Receipt	Administration	Recording	
Other:			
Medication Name & Description			
Regular Yes/No		Temporary Yes/No	
Details of Incident			
What do you think went wrong and why?			
Action Taken (e.g. contact GP)			
Outcome of Action (e.g. follow advice of GP)			

Action taken as a result of error (e.g. further training, clarification of procedure)
Overall Outcome (e.g. Health of service User)
What have you learnt, and what will be done differently as a result of this incident?
Follow up action taken as a result of the incident?
Outcome of further training? (if applicable) (e.g. outcome of the further training, when it occurred, etc)
Outcome of the QA? (e.g. discussion with the Care Worker, when this happened)
Has Care Worker been provided with a copy of this document? Yes/No
Care Worker signature (if required)

Recording Process Completed By:		Date:	
Informed Manager <input type="checkbox"/> Service User Home Updated <input type="checkbox"/> Recorded on Medication Record <input type="checkbox"/>			
Internal Incident Report Complete <input type="checkbox"/> Date on Agenda for Team Meeting :			
Manager Signature		Date:	

Please email completed form to commcarefileaudit@moray.gov.uk