

Company Name: George Springall Homecare Partnership

Leading the way in outstanding care

Policy No: 03-3302	Authorised: Roxane Schatara	Date:15/05/2018
MEDICINES POLICY ADMINISTRATION OF MEDICINES TO A SERVICE USER		

This Policy defines the principles of good practice to be observed for the safe and effective administration of medication to the service user. This addresses both Service User self-medication and instances where a certain level of assistance will be required (ref. Policy No 3300, sections 4 and 5).

This Policy should be read in conjunction with the following policies, as appropriate to circumstances:

Policy No 3300	Medicines Policy - General Policy for Managing Service Users' Medicines
Policy No 3301	Medicines Policy - Safe Storage of Medicines in the Service User's Home
Policy No 3303	Medicines Policy - Safe Disposal of Unwanted or Out-of-Date Medicines
Policy No 3304	Medicines Policy - Medication Problems & Errors
Policy No 3305	Medicines Policy - Homely / Household Remedies

1. Service User Self-medication:

- 1.1 To encourage independence and empowerment the service user should be encouraged to self-administer their medicines wherever possible.
- 1.2 With due regards to the service user's rights, the decision as to whether a service user can safely and effectively self-medicate, and if so to what degree, must be based upon a careful risk assessment. This risk assessment will follow a documented protocol which will provide a permanent record.
- 1.3 Self-medication will consider the following factors:
 - the service user's state of mental health - degree of dementia, confusion or other problems.
 - the service user's state of physical health - degree of frailty which may affect the ability to handle the medicines, such as opening child-proof closures on tablet bottles, "popping" tablets through blister packs and measuring "teaspoon" fluid dosages etc.
 - security of storage and ease of retrieval when required.
 - the service user's own wishes.

2. Assistance with medication:

- 2.1 The original service user Baseline Assessment will have identified where assistance may be needed, and what level of assistance this may be. Care staff may only carry out tasks for which they have been appropriately trained (ref. Policy No 3300, sections 4 and 5).
- 2.2 Dosage forms can include the following:
 - tablets, capsules, liquids, syrups, lozenges and powders;
 - creams and lotions for topical use on the skin;
 - transdermal patches;
 - inhaled medicines;
 - ear, eye and nose drops;
 - subcutaneous (injections);
 - suppositories and other medicines for rectal administration;
 - PEG tube feeding.

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2.3 The type of assistance required will include the following:

2.3.1 Cognitive Assistance:

- prompting or reminding a service user to take or apply the medicines;
- reminding the service user of the correct dose to take as stated on the label.

2.3.2 Physical Assistance:

- removing medicines from packages / containers;
- dissolving soluble tablets in water;
- handing the service user a compliance aid such as an MDS; (refer to *Policy No: 3313*)
- applying skin treatments;
- preparing other medicine forms to help the service user; e.g. shaking a bottle.

2.4 The care worker must check that full instructions for use are present for each medicine. If the medicine is labelled "use as directed" then full details of the dose and frequency must be obtained from the prescribing pharmacy.

2.5 Any care worker reserves the right to refuse to assist with the administration of medicines to a service user if they have not received appropriate training and do not feel competent to do so.

2.6 Full details of all medicines administered, together with what, if any, assistance was rendered, must be recorded on the service user's home medication record as part of the care plan.

3. *Concerns & Contra-indications with Alcohol and / or Recreational Drugs:*

3.1 Care staff must remain aware of the service user's medical history where abuse of alcohol and / or recreational or prescription drugs are indicated.

3.2 When medication is due, if the service user appears to be intoxicated, or under the influence of drugs, there is a possibility of contraindications with the service user's prescribed medication. In ALL such cases the care worker MUST immediately contact his / her Manager for advice and direction. Where possible, this should be done *before* assisting the service user with administration of their medicines. However, the service user's human rights, and in particular the right to live the lifestyle of his / her choosing, must be taken into account but balanced against possible adverse effects on the service user's health and safety.

3.3 Full records must be maintained of all such instances, the advice given and subsequent course of action taken, together with the outcomes for the service user.

FORMS REFERENCES:

Form No: 3-300 *Risk Assessment of Service User - Self-Medication*
 Form No: 3-301 *Management of Service User Medication*
 Form No: 3-302 *Medicine Administration Record*
 Form No: 3-303 *Medicine Administration Record - Monthly Record*
 Form No: 3-314 *Medicine Administration Record - MDS Compliance Aids*
 Form No: 3-319 *Authorisation to Handle Medicines - Care Staff*