



Hertfordshire and
West Essex Integrated
Care System

Good Practice Guidance Medication Administration

30th Oct 2023

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**Working together
for a healthier future**



Learning Objectives

By the end of this session you should have greater knowledge of:

- the activities undertaken when a medicine is administered
- how to approach the administration of medicines safely and correctly, including the 6 rights of medicines administration
- the correct documentation process on a MAR Chart
- the importance of reporting medication-related incidents/errors and near misses
- where to access further resources in relation to medicines use in care homes



Categories of medicines

Medicines are the most common healthcare intervention and can also cause harm, they are therefore subject to control by specific legislation

Categories of medicines are defined under the Human Medicines Regulations 2012

Category	Description
General Sales List Medicine (GSL)*	A medicine which can be sold by a retail outlet such as a local shop/supermarket or registered pharmacy
Pharmacy Medicine (P)*	A medicine which can be sold from a registered pharmacy premises by a pharmacist or a person acting under the supervision of a pharmacist
Prescription Only Medicine (POM)	A medicine that is generally subject to the restriction of requiring a prescription written by an appropriate practitioner: doctor, dentist, supplementary prescriber or independent prescriber
Controlled Drug (CD)	A prescription only medicine which is subject to further controls under the Misuse of Drugs Act 1971 and The Controlled Drugs (Supervision of Management and Use) Regulations 2013



Care home medicines policy

Each care home should have a medicines policy, which is up to date and based on current legislation and best available evidence. The policy should include written processes for:

- sharing information about a resident's medicines, including when they transfer between care settings
- ensuring records are accurate and up to date
- identifying, reporting and reviewing medicines-related problems
- keeping residents safe (safeguarding)
- accurately listing a resident's medicines (medicines reconciliation)
- reviewing medicines (medication review)
- ordering, receiving, storing and disposing of medicines
- self-administration
- staff administering medicines to residents, including staff training and competence requirements
- covert administration
- staff giving non-prescription and OTC products to residents (homely remedies), if appropriate



Ordering medicines

- A minimum of two members of staff must be trained to order medicines
- Consider ordering medicines 'by proxy' on behalf of residents via GP online ordering system
- All medicines received into the home must be recorded e.g. newly prescribed medicines, medicines brought back after a hospital stay, from home, following a transfer from another care home, herbal or OTC medicines and homely remedies if applicable



Receipt of medicines

- A nominated pharmacy will usually deliver the monthly medicine order
- All medicines must be checked into the home on the same day as they are received
- The person receiving the order must check no seals on the outer containers are broken
- The medicines received including the label must be checked against the original order and MARs
- Medicines arriving from hospital must be checked against the discharge summary



Receipt of medicines ctd.

- Staff must check resident's name, date of birth, medicine name, dose, strength, form, frequency, expiry date and quantity received
- Staff must check for any unexpected differences between the new MAR and current MAR/list of resident medicines, or in the case of a hospital discharge, against the discharge letter
- Supplying pharmacy must be contacted immediately if there are any errors, discrepancies or concerns and medicines should not be administered until this is rectified
- The amount of medicine received and quantity carried forward must be documented on new MAR
- Any handwritten additions to MARs must be completed in line with transcription guidelines
- Once booked in, stock must be stored securely (receipt of controlled drugs (CDs) must be indicated in the CD Register and the CDs must be stored in a CD cupboard)



Medicines administration process

The following should be included in the medicines administration process:

- What to do if a resident is asleep or eating a meal
- How to administer specific medicines e.g. patches, creams, inhalers, eye drops and liquids
- Using the correct measures e.g. oral syringes for small doses of liquid medicines
- Self-administration by residents
- How to record and report a resident's refusal to take a medicine(s)
- How to manage medicines that are prescribed 'when required'
- How to manage medicines when the resident is away from the care home for a short time
- Monitoring and evaluating the effects of medicines, including reactions to medicines
- How to record and report administration errors and reactions to medicines



Refused dose

- Residents may refuse to take medicines; they must never be forced to take medicines against their will or without their knowledge unless a covert administration plan is in place
- No medicine should be used as a means of punishment or social control
- Always seek advice from the community pharmacist or GP in the event of refusal due to inability to swallow a solid dose. Easier to swallow alternatives may be available
- Record any refusal on the MAR sheet
- If a resident persistently declines their medicines, the GP must be promptly informed. Any advice given by the GP must be documented



Missed dose

- If a resident misses a dose, refer to the manufacturer's Patient Information Leaflet (PIL) in the first instance
- Administering a missed dose late will depend upon how often the medicine is taken e.g. once, twice or multiple times per day
- If unsure of what action to take, then contact the pharmacist or prescriber for advice. This is particularly advisable if more than one day of treatment has been missed and for certain medicines that need special care or have special instructions



Question 1

A resident is prescribed zopiclone 3.75mg at night to help them sleep. This is usually given at 8pm, however the patient has fallen asleep in bed at 7pm. The patient should be woken up to give them their zopiclone as the dose should not be missed.

TRUE

FALSE



Administration of 'when required' medicines (PRN)

There should be a process for handling and administering 'when required' medicines which includes how staff identify when a resident needs their 'when required' medicine, based on their capacity and information in their care plan

Important points to consider:

- Do staff understand what the medicines are for?
- Do staff know when to give the medicine or ask the person if they need it?
- Do they know what symptoms to look out for?
- Is the maximum amount to be given in a day or the time to leave between doses recorded?



Self-administration

- 'Self-administration' is when a person can look after and take their own medicines
- Residents should be supported to self-administer their medicines if they wish to, as long as this does not place them or others at risk - helps them to maintain their independence and skills
- Residents may choose to only self-administer certain medicines, e.g. an inhaler



Administration of medicines

Remember the 6 R's of medicines administration:

RIGHT resident

RIGHT medicine

RIGHT route

RIGHT dose

RIGHT time

[Resident's] RIGHT to refuse



Question 2

A resident is prescribed venlafaxine XL 75mg tablets, one to be taken daily for depression. There is none in stock, but another resident takes venlafaxine 75mg tablets. It is ok to use the same supply of venlafaxine for both residents until you receive venlafaxine XL 75mg tablets from the pharmacy.

TRUE

FALSE



Administration of medicines ctd.

- Medicines must only be administered by a trained and competent member of staff
- Medicines must be administered strictly in accordance with the prescriber's instructions
- Medicines prescribed for one person must never be given to another person, or used for a different purpose
- Medicines must be administered in a way which respects the dignity and privacy of the person
- The wishes of the person should be documented and complied with wherever possible



Administration of medicines ctd.

When administering medicines, staff must:

- Wash their hands before administering medicines
- Read the instructions on the medicine records, including checking for any specific preferences/information for the individual
- Check that the prescribed dose has not already been given or cancelled
- Select the medicine required by looking at the medicine records
- Check the label on the medicine against the details listed on the medicine records. Where there is a difference, check what dose is to be given by referring to the care plan or person's GP
- Ask the person if they want their medicine, unless otherwise stated in the person's care plan



Administration of medicines ctd.

- Prepare the medicine for administration, double checking:
 - The name of the person receiving the medicine
 - The name, form, strength and dose of the medicine
 - The way the medicine is to be administered
- Check the identity of the person receiving the medicine
- Assist the person into an appropriate position, if needed
- Administer the medicine, offering a glass of water as appropriate
- Record administration on the MAR after visually witnessing the person taking the medicine



Question 3

A resident is prescribed alendronic acid 70mg to be taken once weekly. The person is in bed watching tv and requests you administer their medication whilst they are lying down. As the resident is comfortable in this position, it is fine to give their alendronic acid to them?

TRUE

FALSE



Administration of medicines ctd.

- Where the medication is not administered, use an appropriate non-administration code
- The staff member who removes the dose from the original container must personally administer it to the person
- Prior to administration, check the expiry date. If a medicine does not have an expiry date on it, the dispensing date should be checked. If it is not within the current cycle the pharmacy or dispensing GP should be contacted for advice

NEVER ATTEMPT TO ADMINISTER MEDICINES TO MORE THAN ONE RESIDENT AT THE SAME TIME



Administration of medicines ctd.

Administering 'time-specific' medicines

- The time of administration must be carefully considered for each medicine prescribed
- Adhere to specific directions e.g. taking the medicine with or without food, or with other medicines, even if this does not coincide with the medicines rounds. Some medicines must be given at specific times which should be specified on the dispensing label (e.g. medicines for Parkinson's Disease). It is essential that such a medicine is given on time
- A list of medicines which are to be administered outside of the usual medicines round times should be kept as a reminder for staff



Administration of medicines ctd.

Safe handling of medicines

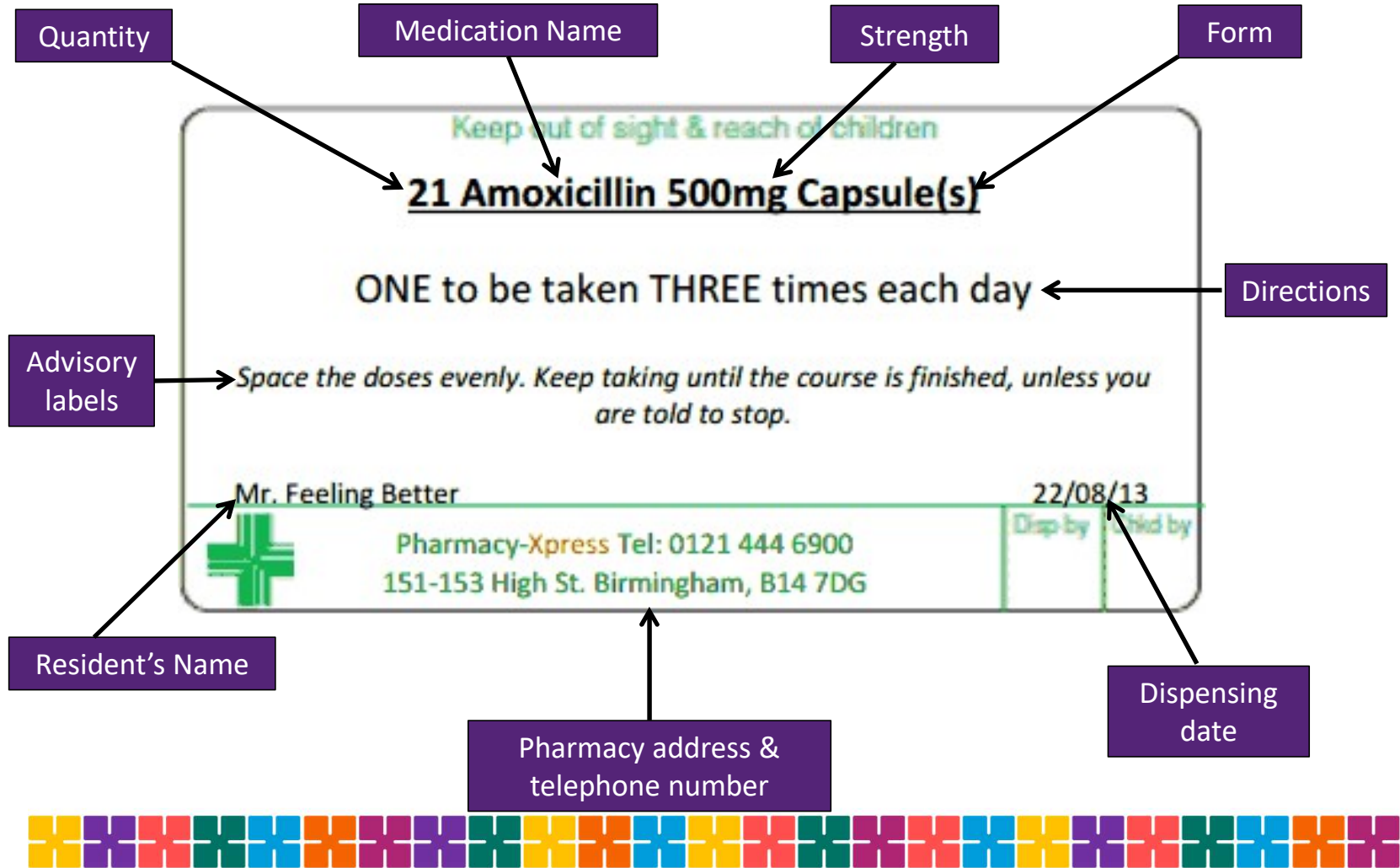
- Staff should not come into direct skin contact with medicines
- Ideally use a 'non-touch technique' when handling medicines to reduce risk of contamination
- Solid dose oral preparations should be directly transferred from the dispensed container into a small pot as a way of hygienically handing it to the person
- Liquid medicines must be measured using a 5ml medicine spoon, oral syringe or medicine measuring cup as appropriate to the size of the dose to be given
- Gloves should be worn for administering such items as creams and ointments

Transportation of medicines during administration

- Medicines must be transported around the care home using a medicines trolley or locked box
- It must be possible to quickly lock away the medicines in the event of an emergency
- The medicines trolley/box must never be left unlocked and unattended



Label Information



Medicine administration record (MAR)

- This is the record of medicines that have been administered to a resident. It is a legal document
- MARs may be on paper or electronic
- If information on a MAR is not clear, immediately contact the pharmacy or GP Practice to seek further clarification, and do not administer the medicine until you have further information

General guidance on MARs

Each resident must have an up to date and accurate MAR which details:

- Their full name and date of birth (consider weight if appropriate)
- The medicine name, strength, dose, route of administration, frequency and timing for each dose
- Any known allergy or reaction to medicines or their ingredients and details of the reaction



Medicine administration record (MAR) ctd.

- When the medicine should be reviewed or monitored
- Any special instructions e.g. take before, with or after food
- Any support the resident may need to be able to take the medicine
- The page number of the MAR e.g. page 1 of 1, 2 of 2 etc. (Update if a new page is added)
- A photograph of the resident should accompany their MAR to support correct identification
- Initial the MAR straight after administration and not at a later time and complete administration for one individual before moving on to the next
- There should no 'blank' entries or gaps on the MAR. Use the omission codes on the MAR to describe why the medicine was not given and where appropriate provide additional information
- The information on the MAR should be supplemented by the resident's care plan



Medicine administration record (MAR) ctd.

- The MAR should be used to record medicines which are carried over from a previous month. Liaise with pharmacy to ensure all current medicines are listed including those not ordered this cycle and that any discontinued medicine is removed
- Ensure the quantities received are accurately noted on the MAR when booking in a medicine
- If an item is missing from the MAR and/or not received in the delivery, do not assume it has been discontinued. Check with the prescriber and/or pharmacy and re-order if necessary
- If an unexpected item has been added to the MAR and has been delivered do not assume that this was intentional, check with the prescriber before administering
- The MAR should be used to record when any non-prescribed medicine is administered to a resident. e.g. a homely remedy or an OTC medicine



MAR

Check resident's details and allergies

Advisory directions

Balance tally

Name: Winnie White		NHS Number: 12345678		D.O.B: 27/04/1930																																											
Allergies: *		Conditions: No known allergies		Gender: Female																																											
Address: Lancaster Court		Start Date: 1/12/2020		Period: 28 days																																											
Patient ID: 1122		Room: 1																																													
Medication Details	Commencing	Week 1							Week 2							Week 3							Week 4																								
	Date																																														
	Hour	Dose	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7																	
Aspirin 75mg Dispersable Tablets	0800	1	AC	TS	AM	AM	R																																								
Take ONE tablets in the MORNING																																															
Dissolve or mix with water before taking. Take with or just after food or a meal. Contains aspirin. Do not take anything else containing aspirin while taking this medication																																															
*Received	AC/TS	Qty	28																									Returned	Qty	By	Destroyed	Qty	By														
Senna 7.5mg Tablets																																															
Take ONE to TWO tablets at night when required																																															
22.00																																															
Balance																																															
Received	AC/TS	Qty	56																									Returned	Qty	By	Destroyed	Qty	By														

Ensure when administration codes are used the back of the chart is completed

Number of tablets given indicated for variable dose



MAR

Ensure you write a detailed reason for giving/not giving the medication

CARERS MEDICATION NOTES

DATE	TIME	INITIALS	MEDICATION	DOSE	REASON	RESULTS
4/12/2020	22:00	AC	Senna 7.5mg tablets	2 tabs	Winnie complaining of constipation	Bowels opened
					bowel chart checked and dose given	at 7am 5/12/2020
6/12/2020	09:00	AC	Aspirin 75mg tablets	1 OM	Winnie has vomited this morning dose	Monitor and
					not given	request GP visit

Record dose given or not given

Ensure you write the outcome of your actions in the results not just given



Amending and handwriting an entry

Name: Winnie White		NHS Number: 12345678		D.O.B: 27/04/1930	
Allergies: *				Gender: Female	
Conditions: No known allergies				Doctor: Dr Wright	
Address: Lancaster Court				Room: 1	
Start Date: 1/12/2020		Period: 28 days		Patient ID: 1122	Room: 1

Medication Details	Commencing	Week 1							Week 2							Week 3							Week 4																	
	Date																																							
	Hour	Dose	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7										
Aspirin 75mg Dispersable Tablets	08:00	1	AC	TS	EM	JJ	R	_____																																
Take ONE tablets in the MORNING																																								
<i>Dissolve or mix with water before taking. Take with or just after food or a meal. Contains aspirin. Do not take anything else containing aspirin while taking this medication</i>																																								
		Stopped 7/12/2020																																						
*Received AC/TS Qty 28		Returned	Qty		By		Destroyed		Qty		By																													
Apixaban 5mg tablets		08:00	1	_____																																				
Take ONE tablet TWICE a day																																								
read the additional information given with this medicine																																								
		AC/TS 7/12/20																																						
Received AC/TS Qty 56		Balance	Qty		By		Destroyed		Qty		By																													

Write full details of new medication

Date and sign the entry including witness signature

Cross through any remaining days

Write "stopped" or "amended" against the item

Cross through previous days prior to starting the new medication



Safe storage of medicines

- All medicines have expiry and storage requirements specified by manufacturer
- Locked medicines trolleys must be securely fastened to a wall when not in use or stored in a locked medicines room. Medicines cupboards and storage areas must be kept locked and secure
- Most medicines are intended to be stored below 25°C (monitor and record daily)
- It is good practice to have a separate fridge for medicines required to be stored between 2-8°C
- The fridge temperature should be recorded daily using a min/max thermometer; records should be kept of the min/max/actual temperatures
- The fridge should be cleaned and defrosted regularly



Question 4

Medicines can be stored in in areas where the temperature fluctuates, as long at the room temperature is monitored and recorded each day?

TRUE

FALSE



Safe disposal of medicines

- Always store medicines for disposal securely and separately to in use medicines
- The requirements for disposal of medicines will depend on whether the care home is registered to provide nursing care or residential care
- Care homes without nursing: dispose of medicines by returning them to the supplier – usually a community pharmacy or dispensing doctor
- Nursing homes: medicines must be returned to a licensed waste disposal company. This might include community pharmacies
- Care homes must ensure that medicines are not disposed of unnecessarily each month and any medicines which can be used the following month are carried forward
- Care homes must keep records of medicines (including CDs) that have been disposed of, or are waiting for disposal



Medicines reconciliation

What is medicines reconciliation?

This is the process of accurately listing a resident's medicines and allergies. This could be when they are admitted into a service or when their treatment changes

Why should this be carried out?

Medicine errors commonly occur when residents transfer from one healthcare setting to another. The following issues could occur if medicines are not accurately listed:

- The person might receive the wrong dose, strength, or formulation, or not receive their medicine at all
- There could be delays to a person's treatment while issues are resolved
- Greater risk of drug interactions and adverse effects
- Additional staff time spent on resolving issues
- The pharmacy could order in the wrong medicine for a resident



Medicines reconciliation ctd.

Who can carry out medicines reconciliation?

- The care home manager or the person responsible for a resident's transfer into a care home should carry out medicines reconciliation, as part of a full needs assessment and care plan
- However, this can be carried out by any member of staff providing they are trained and competent and have the information they need to carry out the task
- Staff should ideally consult with a healthcare professional e.g. the person's GP, nurse or pharmacist, and where possible should involve the resident and/or their family members or carers



Question 5

It is only important to carry out medicines reconciliation when a person is discharged from hospital?

TRUE

FALSE



Medicines reconciliation ctd.

When should medicines reconciliation take place?

- When a person is discharged from hospital or transferred from another setting or place of residence (including home)
- When treatment has changed, e.g. dose changes
- Ideally before the first dose of a medication is administered



Medicines reconciliation ctd.

What sources can be used for medicines reconciliation?

The most up to date reliable source should be used and wherever possible cross checked against an alternative source. Any discrepancies must be recorded and reason(s) established

A range of sources can be used including:

- Medication boxes/bottles (ensure current date and right patient)
- Medications Administration Record (MAR) charts
- Hospital discharge letters
- Resident's own list
- Resident/relative/carer information
- Handover notes (from other health care professionals)
- GP medication list
- Contact with resident's regular community pharmacy
- Any other medication information e.g. lithium booklet, warfarin booklet, steroid card



Medicines-related incidents and errors

All care home staff have a responsibility for the safety and wellbeing of residents

What is a medicine error?

A medicine error is any patient safety incident, where there has been an error while:

- Prescribing
- Preparing
- Dispensing
- Administering
- Monitoring
- Providing advice on medicines



Medicines-related incidents and errors ctd.

What is a 'near miss'?

- A 'near miss' refers to a situation where significant harm could have happened, but was prevented
- It is just as important that 'near misses' are reported along with those incidents where actual harm occurred, in order to encourage investigations and learning to reduce the potential for the event to recur in the future

What could be considered a medicine related safeguarding incident?

- The deliberate withholding of medicine(s) without a valid reason
- The incorrect use of a medicine(s) for reasons other than the benefit of a resident
- Deliberate attempt to harm using a medicine(s)
- Accidental harm caused by incorrect administration or a medicine error



Medicines-related incidents and errors ctd.

In relation to medicines, care home providers:

- Must ensure that staff responsible for handling medicines have the necessary qualifications, competence and skills to provide safe care and treatment
- Must have a robust process in place for identifying, reporting, reviewing and learning from medication errors involving residents
- Must have a clear process for reporting medicines-related safeguarding incidents under local safeguarding processes
- Must ensure that incidents are analysed to identify trends and minimise re-occurrence. Evidence to show that appropriate action has been taken must be documented
- Should encourage an open and supportive culture in order to increase reporting of medicine-related incidents and 'near misses'



Adverse drug reactions

What is an adverse drug reaction (ADR)?

- This is a response to a medicine which is noxious and unintended. There are different types of ADRs
- The reaction may be a known side effect of the drug, or it may be new and previously unrecognised
- Patients may tell you about symptoms they have experienced since taking a new medicine, it is important to listen to the patient's concerns. However, some adverse reactions may not be apparent to the patient, you will need to be alert to the possible occurrence of ADRs
- Adverse events should be reported via the MHRA 'Yellow Card Scheme', where it is suspected that the reaction may have been caused by the medicine



Further Resources

1. CQC Medicines guidance

CQC have developed guidance on various topics relating to medicines use within care homes. The guidance can be accessed via the following link:

<https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services>.

2. NICE Guidelines for Managing Medicines in Care Homes

This guideline covers good practice for managing medicines in care homes. It aims to promote the safe and effective use of medicines in care homes by advising on processes for prescribing, handling and administering medicines. It also recommends how care and services relating to medicines should be provided to people living in care homes: [1 Recommendations | Managing medicines in care homes | Guidance | NICE](#)

3. NICE Checklist for health and social care staff developing and updating a care home medicines policy

This checklist accompanies the above NICE guidelines and it outlines what should be in a care home medicines policy, including the processes that should be covered:

<https://www.nice.org.uk/guidance/sc1/resources/checklist-for-care-home-medicines-policy-pdf-13716829>



Further Resources

4. PrescQIPP Care home resources

There are a number of useful resources on medicines optimisation in care homes on the PrescQIPP website: <https://www.prescqipp.info/>. You will need to register to access these resources

5. HWEICB Pharmacy Care Home Newsletter

The newsletter focuses on topics relevant to care homes and is directed at care home staff (No link currently available – sent via HCPA)



Any questions?



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